

MISSOURI GAMING COMMISSION - COMPLAINT FORM

COMPLAINANT

NAME (LAST, FIRST, MI)		ADDRESS (STREET, RTE, CITY, STATE, ZIP)		
DATE OF BIRTH	SOCIAL SECURITY NO	HOME PHONE ()	BUSINESS PHONE ()	BEST TIME TO CONTACT

CASINO INVOLVED

NAME OF COMPANY	ADDRESS (STREET, RTE, CITY, STATE, ZIP)
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EMPLOYEE(S) INVOLVED

NAME (LAST, FIRST, MI)	BADGE NUMBER	TITLE
NAME (LAST, FIRST, MI)	BADGE NUMBER	TITLE

WITNESSES

NAME (LAST, FIRST, MI)	ADDRESS (STREET, RTE, CITY, STATE, ZIP)	PHONE
NAME (LAST, FIRST, MI)	ADDRESS (STREET, RTE, CITY, STATE, ZIP)	PHONE

GAMING DEVICE INVOLVED (IF APPROPRIATE)

MACHINE NUMBER	DENOMINATION	MANUFACTURER	SERIAL NUMBER
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DESCRIPTION OF INCIDENT (ATTACH ADDITIONAL PAGES AS NEEDED)

LOCATION OF INCIDENT	DATE OCCURRED	TIME OCCURRED
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[illegible]

COMPLAINANT'S SIGNATURE _____ DATE _____

GAMING COMMISSION USE ONLY

DATE RECEIVED:	COMPLAINT NO:	TYPE OF COMPLAINT:	TYPE OF GAME INVOLVED:
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HOW RECEIVED:	INVESTIGATOR:
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Assigned to: _____	RESOLUTIONS: UNFOUNDED _____ EXONERATED _____ UNSUBSTANTIATED _____ SUBSTANTIATED _____ WITHDRAWN _____
Date: _____	
Date due back to Jeff City Office: _____	